

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004120

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

758

FILED JAN 31 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis, Mo.

Length of stay in 1b

7 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

St. Louis State Hospital

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

11402 Academy

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

MARY BELL SLAUGHTER

4. DATE
OF
DEATH

Month

Day

Year

JAN. 22, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-18-86

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hospitalized

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Hickman County, Tenn.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Capps

13b. MOTHER'S MAIDEN NAME

Lou Castleman

14. NAME OF HUSBAND OR WIFE

Miles Wesley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Records

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive heart failure

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic heart disease

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Chronic pyelonephritis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Dec. 7, 1955

to

Jan. 23, 1963

and last saw her alive on Jan. 23, 1963

Death occurred at

7 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

Robert H. Vanderpearl, M.D.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

5100 Arsenal St.

22c. DATE SIGNED

1-23-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

1-26-63

23c. NAME OF CEMETERY OR CREMATORY

Portageville Cemetery

23d. LOCATION (City, town, or county)

Portageville, Missouri

24. FUNERAL DIRECTOR

ADDRESS

McLaughlin 2301 Lafayette Ave.
St. Louis 4, Mo.

25. DATE RECD. BY LOCAL REG.

JAN 24 1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.